

CLAIMS ONLY							Application Number 10816940		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51						
2		1		1			52						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1		1				Total Indep						
Total Depend	4		4				Total Depend						
Total Claims	5		5				Total Claims						